

Overview of MHBG

What is the Statutory Authority?

Block Grants are awarded to States to establish or expand an organized community-based system for providing mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbances (SED).

- Under the authority of the Public Health Service Act (PHS Act) and
- Subject to the availability of funds,
- The Secretary of the Department of Health and Human Services may award these funds
- Through the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA)

MHBG & State Plans: What federal goals tie these together?

- Access to a comprehensive system of care, including employment, housing, case management, rehabilitation, dental and health services, along with mental health services and supports;
- Participation of consumers/survivors and their families in planning and evaluation of state systems;
- Access for underserved populations including homeless people and rural populations;
- Promoting recovery and community integration of people with psychiatric disabilities; and
- Accountability through uniform reporting on access, quality and outcomes of services.

How does the MHBG fit with the Transformation Grant?

Both are seated in the New Freedom Commission's goals:

- 1. Americans understand that mental health is essential to overall health;**
- 2. Mental health care is consumer and family- driven;**
- 3. Disparities in mental health services are eliminated;**
- 4. Early mental health screening, assessment and referral are common practice;**
- 5. Excellent mental health care is delivered and research is accelerated; and,**
- 6. Technology is used to access mental health care and information.[1]**

[1]. The President's New Freedom Commission on Mental Health, 5-6.

SAMSHA/CMHA see both grants as closely aligned to facilitate recovery and resiliency.

What is the role of the Mental Health Planning and Advisory Council?

- Operates under Public Law 102-321
- Charged with oversight of MHBG and advising MHD
- Membership of >51% consumers/advocates/family members
- 28 member council with 6 standing subcommittees:

Legislative, Program & Planning, Children, Older Adults, Ethnic Minorities & Sexual Minorities

How does the MHBG Plan get developed?

- RSN's gather input from their RSN Advisory Boards related to the RSN's intended plan for use of its funding allocation. This plan is to be based upon the previous year's allocation amount and reference the Criterion, Goals, and Objectives given in the most recent MHBG Plan which is posted on the MHD web-site.
- MHD gathers input from RSNs, the MHPAC, & MHD staff.
- MHD (MHBG State Planner) writes the Plan & submits it to MHPAC for review and approval
- MHD submits the Plan to DSHS Secretary and the Governor for review and approval
- MHD submits the approved Plan to SAMHSA
- MHD must seek MHPAC review and approval for the final Implementation Report and any modifications to the Plan.

How is the MHBG dispersed?

The estimated MHBG FFY 2006 is approximately **\$8.5 million**, divided as follows:

- **5%** is reserved for administrative costs/ salaries at **MHD** (grant limit)
- Of the **remaining 95%**:
 - **80% goes to RSN's** through a historical distribution formula (per WAC)
 - **20% stays at MHD** for Division Initiatives (e.g.: Sponsoring the MHPAC's travel, hotel, and per diem costs, conferences such as Co-Occurring or the Behavioral Healthcare Conference, trainings for RSNs, tribal supports, research, RFP's etc)

What *are* the spending limitations?

■ MHBG funding may not be used for the following:

- Services and programs that are covered under the capitation rate for Medicaid covered services to Medicaid enrollees;
- The Contractor's administrative cost associated with salaries and benefits at the Contractor level;
- Inpatient mental health services;
- Construction/renovation costs;
- Equipment costs of \$5,000.00 or more;
- Capitol assets or accumulating operating reserve accounts;
- Cash payments to consumers; or
- State match for other federal funds.

Who may we serve?

MHBG funds are to be used to provide services to adults with Serious Mental Illness (SMI) or children with Serious Emotional Disturbance (SED) who are *not* enrolled in Medicaid or for services that are *not* covered by Medicaid.

Benefits	Services	Use MHBG	Use Medicaid
Consumer is <i>not</i> a Medicaid recipient	Any type	Yes	No
Consumer <i>is</i> a Medicaid recipient	Allowed under Medicaid	No	Yes
Consumer <i>is</i> a Medicaid recipient	Not allowed under Medicaid	Yes	No

How does MHD decide what will be funded?

MHD developed a list of guiding principals against which activities being funded with 2006 MHBG funds must be measured:

- Be in concert with the National Outcome Measures and fall within the parameters of the MHBG assurances and requirements;
- Work in tandem with the Division's Strategic Plan which, has been updated in collaboration with the MHPAC to incorporate the ideals of "Achieving the Promise: Transforming Mental Health Care in America";

- **Hold meaningful and measurable outcomes that are in line with articulated consumer/family voice;**
- **Link well to other resources and transformation activities;**
- **Meet needs in the system that are not fulfilled elsewhere, allowing for minimal negative impact on other service agencies if funding is not approved; and**
- **Align well with other Division initiatives or legislatively mandated expectations.**

Upon what activities is MHD focusing its portion of the 2006 MHBG?

- **Consumer, advocate, and family voice** driven and promoted activities
- **Vocational** initiatives that lead to meaningful employment
- **Residential** resources that promote safe and affordable housing
- **Tribal** supports that improve infrastructure and services to tribal communities
- **MHPAC** resources that ensure consumer participation continues to increase and that state-wide diversity is represented
- **Data Development** to validate success and identify areas for improvement

Other Changes and Process Improvements:

- **New contract language has been developed with clearer expectations to ensure contracts are easily monitored, timelines are sufficient, and deliverables are in line with MHBG Plan and articulated consumer voice.**
- **New forms have been created to streamline process for RSNs and contract development**
- **New efforts have been generated to educate *everyone* (RSN's, RSN Advisory Boards, providers, MHPAC, & MHD) about the requirements, process, and role of MHBG to ensure funds are optimally spent on activities geared toward Recovery and Resiliency.**